1997-98 SESSION COMMITTEE HEARING RECORDS

Committee Name:

Joint Committee on Finance (JC-Fi)

Sample:

- Record of Comm. Proceedings
- 97hrAC-EdR_RCP_pt01a
- 97hrAC-EdR_RCP_pt01b
- 97hrAC-EdR_RCP_pt02

- Appointments ... Appt
-
- Clearinghouse Rules ... CRule
-
- Committee Hearings ... CH
-
- Committee Reports ... CR
-
- Executive Sessions ... ES
-
- Hearing Records ... HR
-
- Miscellaneous ... Misc
- 97hr_JC-Fi_Misc_pt07k_DPR
- Record of Comm. Proceedings ... RCP
-

Joint Finance

16.515 / 16.505

14 Day Passive Reviews

12/9/97 -

2/9/98

DHFS / long-term care
12/12/97

THE STATE OF WISCONSIN

SENATE CHAIR
BRIAN BURKE

119 MLK, Room LL1
P.O. Box 7882
Madison, WI 53707-7882
Phone: (608) 266-8535

ASSEMBLY CHAIR
JOHN GARD

315-N Capitol
P.O. Box 8952
Madison, WI 53708-8952
Phone: (608) 266-2343

JOINT COMMITTEE ON FINANCE

December 15, 1997

Secretary Joe Leean
Department of Health and Family Services
1 West Wilson Street
Madison, Wisconsin

Dear Secretary Leean:

We are writing to inform you that the members of the Joint Committee on Finance have reviewed your plan, dated November 25, 1997, concerning the use of $50,000 GPR in 1997-98 and 1998-99 for information technology services to support a long-term care pilot project.

No objections have been raised concerning this request. Accordingly, the request is approved.

Sincerely,

Brian Burke

BRIAN BURKE
Senate Chair

John Gard

JOHN GARD
Assembly Chair

BB:JG:dh

cc: Members, Joint Committee on Finance
Robert Lang, Legislative Fiscal Bureau
Jay Huemmer, Department of Administration

Legislative Fiscal Bureau
One East Main, Suite 301 • Madison, WI 53703 • (608) 266-3847 • Fax: (608) 267-6873

December 8, 1997

TO: Members
Joint Committee on Finance

FROM: Bob Lang, Director

SUBJECT: Release of IT Funding from Unallotted Reserve for Long-Term Care Pilot Project

In June, 1997, the Joint Committee on Finance approved funding to enable the Department of Health and Family Services (DHFS) to implement, beginning January 1, 1998, a long-term care pilot program to test the concept of a single-entry point for information, assessment and arrangement of long-term care services. As part of its action, the Committee placed $50,000 GPR in 1997-98 and 1998-99 that DHFS had requested to support information technology (IT) services in unallotted reserve, for release by the Committee under a 14-day passive review process following the submission of a detailed expenditure plan for the use of these funds, and information that demonstrates that these information technology costs cannot be supported through reallocations of DHFS base funding.

On November 25, 1997, DHFS submitted an expenditure plan for the IT services and requested the Committee to release the funding that was placed in unallotted reserve to support these services. This request will be approved on December 16, 1997, unless the Committee notifies the DOA Secretary before that date that it wishes to meet to review this matter. In addition, DHFS intends to submit a request under s. 16.54 of the statutes for the authority to expend federal matching funds ($50,000 FED annually) that would be available with the approval of this request.

This memorandum provides information on the DHFS request for the Committee's review.

DHFS Pilot Program. 1997 Wisconsin Act 27 (the 1997-99 biennial budget act) authorizes DHFS to establish, in geographic areas determined by DHFS, a pilot project under which DHFS could contract with counties to: (a) serve as an information clearinghouse for individuals who are interested in either home or community-based long-term support services or nursing home care; (b) perform assessments, similar to those required under the community

options program (COP), using an assessment method established by DHFS, to determine an individual's functional abilities and need for long-term care services; and (c) collect information specified by DHFS on the individuals served by the entity and provide that information to DHFS.

In areas where a pilot program is established, an individual residing in that area would have to receive an assessment from the county before that individual could enter a nursing home, community-based residential facility (CBRF) or participate in COP. Further, with limited exceptions, a CBRF could not admit an individual until that individual is assessed by the county.

DHFS has selected the following counties and tribes to participate in the pilot project, beginning in calendar year 1998: Fond du Lac, Jackson, Kenosha, La Crosse, Marathon, Milwaukee, Portage and Trempealeau Counties and the Oneida Tribe.

Information Technology Plan. The IT plan submitted by DHFS contains three components: (1) automation of a functional eligibility screen (FES), the evaluation tool that would be used to determine the type of long-term care services needed by an individual; (2) automation of information on the activities and users of the resource centers; and (3) the acquisition of software to assist counties in providing clients information on available long-term care resources and services, if sufficient funding is available.

Functional Eligibility Screen. In 1997-98, DHFS will develop a software program that will be used by staff in the resource centers to conduct the FES and enable DHFS to summarize the information obtained through the FES. The FES will be used to assess applicants for all services to determine the need for referrals to other community resources and to reassess the needs of current long-term care clients. In addition to collecting basic demographic information on clients, the FES will be used to assess clients' ability to perform daily activities of living, such as dressing and eating, medical problems and nursing needs, cognitive and communication problems, behavioral problems and financial resources. It is anticipated that the functional screen would generate a score that would indicate the client's need for long-term care services.

Collection of standardized and detailed information from the functional screen would allow DHFS to assess how well the functional screen performs in determining the need for long-term care services.

Information and Assistance Data Reporting. In 1998-99, DHFS would automate the collection of information on the activities and users of the resource centers, such as the age and type of persons who seek information, the number of contacts in a month and the type of information that users seek. This information would be used to determine who is in need of information, the type of information needed, the number of emergency calls, and the effectiveness of any marketing efforts to inform the public of the availability of the resource center.

Resource Database. The third and final application, which would be implemented if sufficient funding is available, would be to acquire, customize, test and install a software product that resource centers could use as a resource database. With this software, resource centers

would have an electronic means to search for nursing homes, home health agencies and other long-term care providers in the area that can meet the needs of individuals seeking services in the area. Although counties are interested in having this resource to serve individuals efficiently, this application is not necessary for the analysis of the pilot program.

Cost Estimates. The Department's information system staff estimate that the costs of automating the FES would be approximately $100,000 ($50,000 GPR and $50,000 FED) in 1997-98 and the costs of developing the automated information and assistance data reporting system would be $100,000 ($50,000 GPR and $50,000 FED) in 1998-99. DHFS staff expect the budgeted funding to be sufficient to develop a basic system, and that the number of enhancements to these systems would be adjusted to ensure that these two applications are completed within the biennium, based on the funding available for these purposes. It is expected that some desirable enhancements, such as the ability to electronically submit the data from the counties to DHFS through some type of network connectivity, would not be feasible under the budgeted funding.

The third application, the electronic database for long-term care resources and services, is estimated to cost $60,000 ($30,000 GPR and $30,000 FED), and could only be supported if the costs of the first two applications are less than estimated or if other funds become available.

Reallocation of Funds to Support IT Services. In its request, DHFS indicates that it would not be possible to fund these IT projects from reallocations of its base budget because: (1) Act 27 requires DHFS to generate approximately $2 million in GPR savings in both 1997-98 and 1998-99 from its sum certain, state operations appropriations; (2) salary turnover savings may not be sufficient to cover required pay plan increases in the 1997-99 biennium; and (3) the operating budget projections for 1997-98 show a full commitment of resources, after taking into account the GPR savings requirement and possible pay plan shortfalls.

Prepared by: Richard Megna

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BRIAN BURKE

119 MLK, Room LL1
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Madison, WI 53707-7882
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Phone: (608) 266-2343

JOINT COMMITTEE ON FINANCE

MEMORANDUM

TO: Members
Joint Committee on Finance

FROM: Senator Brian Burke
Representative John Gard
Co-Chairs, Joint Committee on Finance

DATE: December 1, 1997

RE: 14-Day Passive Review

Attached please find a copy of the plan submitted by the Department of Health and Family Services for use of $50,000 annually for information technology services to support a long-term care pilot project. The Department of Health and Family Services is also requesting, under s. 16.54, federal expenditure authority from the Department of Administration for a match amount of $50,000 FED annually, for fiscal years 1997-98 and 1998-99.

Please review the attached materials and notify **Senator Burke** or **Representative Gard** no later than **Friday, December 12, 1997,** if you have any concerns about the recommendations or if you would like the Committee to meet formally to discuss it.

Also, please contact us if you need further information.

Attachments

BB:JG:dh

State of Wisconsin
Department of Health and Family Services

Tommy G. Thompson, Governor
Joe Leean, Secretary

November 25, 1997

The Honorable Brian Burke
Senate Co-Chair, Joint Committee on Finance
Room LL1, 119 Martin Luther King Jr. Blvd.
Madison, WI 53702

The Honorable John Gard
Assembly Co-Chair, Joint Committee on Finance
Room 315 North, State Capitol
Madison, WI 53702

Dear Senator Burke and Representative Gard:

Under the provisions of s.13.10, the Department of Health and Family Services was granted approval at the June 20, 1997 Joint Finance Committee meeting to carry forward from fiscal year 1996-97 to fiscal years 1997-98 and 1998-99 $1,359,800 GPR under s.20.435(7)(bd) to support a long-term care pilot project. As a part of this action, all funding for information technology services ($50,000 GPR annually) was placed in unallotted reserve to be released under the 14 day passive review process following the submittal of a detailed expenditure plan for the use of these funds, and demonstration that the costs could not be supported through reallocation of DHFS base funding.

The Department is now submitting its plan for use of the $50,000 GPR annually for information technology services, and under s.16.54 is also requesting federal expenditure authority from the Department of Administration for a match amount of $50,000 FED annually, for fiscal years 1997-98 and 1998-99.

The funding for information technology services cannot be reallocated from DHFS base funding for three reasons, 1) the biennial budget requirement that the Department generate $2 million in GPR savings per year is causing base budget adjustments, 2) salary turnover savings may not be sufficient to cover required pay plan increases and therefore base funds may need to be allocated for that purpose, and 3) the operating budget projections for 1997-98 show full commitment of available funds, after taking into account the GPR savings target requirement, and possible pay plan shortfalls.

Background

The Department's long-term care redesign proposal includes certain preparatory work, including the contracting with counties or non-profit organizations to field-test the single entry point process and functional assessment tool. The costs of the pilot include payments to entities serving as field test sites to carry out functional assessments on clients, develop procedures and provide information and assistance services to clients, and to implement a management information system. The management information system is intended to collect information on the long-term care participation to provide valuable data for the design of policy, and to improve the efficiency and effectiveness of pilot operations. Data will be collected on the demographics of the long-term care population being served, the functional assessments performed on clients which determines their disabilities, needs, and preferences, and the characteristics of the information and assistance inquiries by customers about available services and community resources.

The Department has completed a process to evaluate proposals and has selected eight counties and one tribe to serve as single entry point pilots. Contracts are now being developed with each of the entities to define the detailed components to be field tested, prototyping is underway to complete a functional screen tool for field testing by the beginning of 1998, and data collection requirements are being formulated.

Information System Plan

The information system plan is centered on the development of a software application to automate the functional screen tool and collect the additional data necessary to evaluate the field testing of program components included in the single entry point pilots. Analysis will also be performed on the acquisition of a software product for entities needing a resource database to support information and assistance activities during the pilots, but any system acquisition would depend on the availability of savings from the functional screen tool/data collection application. It would be desirable to have the capability to support electronic submittal of the data through some type of network connectivity, and that feasibility will be included in the design analysis.

In order to ensure that the application of the screen tool is uniform and standardized at each location, and that the information about clients and their needs is consistent with a commonly understood set of data definitions, it is critical that the same automated reporting application is used by all pilot locations. The receipt of high quality data is essential for assessing how well the functional screen tool is performing. The counties and the tribe selected to be pilots currently use an existing state wide information reporting system known as the Human Resources Reporting System (HSRS), but that system supports only information about current service delivery practices, and cannot be used to provide data about the experimental functional screen tool and other components being field tested.

The software applications will be designed to provide pilots with the flexibility to gather and input data interactively while working directly with clients, or to record data conventionally and then accomplish input through a routine data entry operation. The reported data will be compiled and processed centrally at the Department. The completion of analysis and design activity will require some on-site work at the pilot locations. The software development will need to be custom designed given the experimental nature of the pilots, either in its entirety or as a major modification of an existing software product. The IT funds will be used to contract for the completion of the software applications. The budgeted costs in the attached information systems cost plan are estimates provided by the Department's information systems staff.

The funds available in 1997-98 will be used to automate the draft functional screen tool as a first phase in support of the initial months of pilot operation. In 1998-99 the Department plans to use the IT funds to amend and enhance the functional screen tool in response to field test data, to implement the Information and Assistance (I&A) data reporting, and address the acquisition of an I&A software product if sufficient funds are available.

Sincerely,

Joe Leean
Secretary

Attached are the following materials:

Information Systems Cost Plan
Wisconsin Long Term Care Functional Screen Draft
Information and Assistance Data Reporting Draft
Revised Timeline Aging and Disability Resource Center Pilots

cc: Bob Lang, LFB
Richard Chandler, DOA

INFORMATION SYSTEMS COST PLAN

	FY '98 GPR	FY '98 FED	Total FY '98	FY '99 GPR	FY '99 FED	Total FY '99
PHASE I						
Functional Screen						
Analysis	$15,000	$15,000				
Design	$11,940	$11,940				
Construction	$16,500	$16,500				
Testing	$3,375	$3,375				
Deployment	$2,375	$2,375				
Maintenance				$2,500	$2,500	
PHASE II						
Information and Assistance						
Data Reporting						
Analysis				$12,500	$12,500	
Design				$11,940	$11,940	
Construction				$16,500	$16,500	
Testing				$3,375	$3,375	
Deployment				$2,375	$2,375	
Administrative Costs for On-Site Analysis	$810	$810		$810	$810	
Totals	$50,000	$50,000	$100,000	$50,000	$50,000	$100,000
PHASE III *						
Information and Assistance						
Software Product						
Evaluation and Selection of Product	$3,750	$3,750		$3,750	$3,750	
Product Acquisition	$4,500	$4,500		$4,500	$4,500	
Customization	$3,000	$3,000		$3,000	$3,000	
Testing	$2,250	$2,250		$2,250	$2,250	
Installation/Training	$1,500	$1,500		$1,500	$1,500	
	$15,000	$15,000		$15,000	$15,000	

* Next step if funding becomes available

11/18/97 DRAFT ONLY - NOT COMPLETE

WISCONSIN LONG TERM CARE FUNCTIONAL SCREEN

STEP ONE : Does the person have a long term, irreversible condition which is expected to last for more than one year or result in death within one year from the date of eligibility for long term care services? *Check "yes" or "no."*

☐	Yes. continue to Step Two
☐	No. **For pilots, continue to Step Two**. (In future, these persons may be screened as ineligible and referred to Information and Assistance for other potential services/referrals/intervention.)

STEP TWO: Is the person age 18, or will reach age 18 within the next three months? *Check "yes" or "no."*

☐	Yes, continue to Step Three
☐	No, refer to Information and Assistance for information and options regarding children's services.

STEP THREE: Is the individual currently diagnosed as having a major mental illness as listed in DSM-IV (schizophrenia, bi-polar disorder, etc) that causes severe functional impairment in daily life activities and necessitates intensive or comprehensive psychiatric services? This does not include mental disorders caused by a medical condition (Parkinson's disease, dementia of the Alzheimer's type, etc.) or a primary diagnosis of developmental disability.

	Yes, refer to Information and Assistance for referral to specialized mental health services
	No, continue with screen

WISCONSIN LONG TERM CARE FUNCTIONAL SCREEN
Module I: Demographics

SECTION ONE: GENERAL INFORMATION

1. CLIENT NAME (LAST, FIRST MI)

2. SOCIAL SECURITY NUMBER

3. SCREEN DATE

4. CASE NUMBER

5. TELEPHONE NUMBER

6. BIRTH DATE
MONTH DAY YEAR

7. SEX
☐ MALE ☐ FEMALE

8. ADDRESS

STREET:

CITY, STATE, ZIP CODE

COUNTY:

9. EMERGENCY CONTACT (NAME, ADDRESS, TELEPHONE AND RELATIONSHIP)

10. MARITAL STATUS

NEVER MARRIED	1	WIDOWED	4
MARRIED	2	DIVORCED	5
SEPARATED	3	OTHER	6

11. MEDICAL FUNDING

MEDICARE A	1
MEDICARE B	2
MEDICAL ASSISTANCE	3

PRIVATE INSURANCE
NAME:
ADDRESS:

12. RACE/ETHNICITY

01 = AMERICAN INDIAN	07 = ASIAN
02 = BLACK	08 = HISPANIC
03 = WHITE	09 = MULTI-RACIAL
04 = ASIAN INDIAN	10 = OTHER RACE
05 =HMONG	11 = REFUSED TO STATE/UNDETERMINED
06 = PACIFIC ISLANDER	

13. PRIMARY LANGUAGE

01 = AMERICAN SIGN LANGUAGE	05 = RUSSIAN
02 = ENGLISH	06 = SPANISH
03 = VIETNAMESE	07 = OTHER:
04 = HMONG	

21. PLACE OF SCREEN

1 - Own Home (Alone)	11 -Children's Group home, DD
2 - Own Home (with spouse)	12 - State institution, DD
3 - Own Home (with others)	13 - State institution, Psych.
4 - Other's Home	14 - No residence
5 - AFH	15 - County IMD
6 - CBRF	16 - Hospital
7 - CCI	17 - Children's foster care
8 - Assisted Living (ALF)	18 - Homeless shelter
9 - FDD/ICF-MR	19 - Other
10-Nursing Facility	

HOSPITAL ADMIT DATE: _____
PLANNED DISCHARGE DATE: _____

22. USUAL HOUSING ARRANGEMENT

1 - Own Home (Alone)	11 -Children's Group home, DD
2 - Own Home (with spouse)	12 - State institution, DD
3 - Own Home (with others)	13 - State institution, Psych.
4 - Other's Home	14 - No residence
5 - AFH	15 - County IMD
6 - CBRF	16 - Hospital
7 - CCI	17 - Children's foster care
8 - Assisted Living (ALF)	18 - Homeless shelter
9 - FDD/ICF-MR	19 - Other
10-Nursing Facility	

23. SUBSTITUTE DECISION MAKER

1 - NONE
2 - GUARDIAN
  a - of person
  b - of finances
3 - POWER OF ATTORNEY
  a - of person
  b - of finances
4 - REPRESENTATIVE PROTECTIVE PAYEE
5 - INFORMAL DECISION MAKER
6 - Parent

IF CLIENT HAS A SUBSTITUTE DECISION MAKER, ENTER NAME, TELEPHONE NUMBER AND RELATIONSHIP TO CLIENT.

24. INFORMANT INFORMATION

WAS AN INFORMANT USED AS PRIMARY SOURCE OF INFORMATION?
1 = YES
2 = NO

IF YES, INDICATE NAME, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP TO CLIENT.

14. SPEAKS E YES 1 LIMITED 2 NO 3	15. UNDERSTANDS ENGLISH? YES 1 NO 2	16. INTERPRETER REQUIRED? YES 1 NO 2	
17. REFERRED BY (NAME AND AGENCY, IF ANY)			25. NAME OF ASSESSOR
18. REFERRAL DATE			26. TELEPHONE NUMBER
19. SCREEN TYPE A A1 = INITIAL CONTACT A2 = INITIAL SCREEN* *PREVIOUSLY INELIGIBLE	B B1 = ROUTINE RESCREEN B2 = SPECIAL REQUEST RESCREEN		27. RESOURCE CENTER
20. PREPARING FOR DISCHARGE FROM A HOSPITAL, NURSING FACILITY, INSTITUTION? YES 1 NO 2			28. WORKER ID

GENERAL INFORMATION

Purpose

The Functional Eligibility Screen(FES) is used to assess applicants for all Long Term Care Aging and Adult Services programs except Adult Protective Services (APS) investigation, to determine the need for referrals to other community resources and to reassess the needs of current Long Term Care clients.

Abbreviations

This screen is based on an in-person interview with the client. Additional information is gathered from significant others, medical and mental health practitioners, caregivers, agencies serving the client, records, observation, etc. It is not expected that the screen will be completed during the first contact with the client or that all necessary information will be obtained only from the client.

Assessors should use their professional interviewing skills to gather information in a way that is appropriate for a given client.

GENERAL INSTRUCTIONS

Section One

3.	SCREEN DATE: Date of initiation of screening with client.
12.	RACE/ETHNICITY: Circle the code for the race which client considers self to be.
13.	PRIMARY LANGUAGE: Circle one of the following codes for the language specified by the client as the one in which they wish to communicate.
19.	SCREEN TYPE 1. Client's first contact with Long Term Care system 2. Routine scheduled redetermination 3. Screening initiated at request of client/representative or CMO
22.	USUAL HOUSING ARRANGEMENT: "Own home" includes house, condo, apartment, mobile home, etc., whether owned or rented. Circle "1" if the only person who lives with the client is funded by DHFS.
24.	INFORMANT INFORMATION: An informant is a family member or other person close to the client who provided most of the information documented in the assessment. Primary information is obtained from an informant only when the client is clearly not capable of responding to assessment items. Do not circle "1" for item 26 if the client was the primary source of information but additional information was obtained from family, friends, professional or records.
27	RESOURCE CENTER
28	WORKER ID.:

WI LONG TERM CARE FUNCTIONAL SCREEN Module II: ADL's and IADL's

Activities of Daily Living (ADLs) Check box which indicates persons needs and abilities at home and/or at work.

Bathing: The ability to shower, bathe or take sponge baths for the purpose of maintaining adequate hygiene. This also includes the ability to get in and out of the tub, turn on and off faucets, regulate appropriate water temperature, wash and dry fully. 0 Person independent, with or without assistive devices. 1 Indirect supervision is required. Indirect supervision includes reminders or instructions from someone, but that other person does not have to be physically present throughout the task. 2 Limited assistance is required by the person to complete the tasks. Limited assistance is defined as cueing (direct supervision) and/or hands-on assistance. Another person must be present throughout the task. 3 Extensive or complete hands-on assistance needed.	**Transferring**: The ability to move between surfaces: from bed/chair to wheelchair, walker or standing position. The ability to get in and out of bed or usual sleeping place. The ability to use assistive devices. 0 Person independent, with or without assistive devices. 1 Indirect supervision is required. Indirect supervision includes reminders or instructions from someone, but that other person does not have to be physical present throughout the task. 2 Limited assistance is required by the person to complete the tasks. Limited assistance is defined as cueing (direct supervision) and/or hands-on assistance. Another person must be present throughout the task. 3 Extensive or complete hands-on assistance is required. 4 Two people are needed to perform transfers.
Dressing: The ability to dress and undress as necessary and choose appropriate clothing. Includes the ability to put on prostheses or assistive devices, and fine motor coordination for buttons and zippers. 0 Person independent, with or without adaptive aids. 1 Indirect supervision is required. Indirect supervision includes reminders or instructions from someone, but that other person does not have to be physically present throughout the task. 2 Limited assistance is required by the person to complete the tasks. Limited assistance is defined as cueing (direct supervision) and/or hands-on assistance. Another person must be present throughout the task. 3 Extensive or complete hands-on assistance is required.	**Mobility**: The ability to move between locations in the individual's living environment (e.g, from room to room). 0 Person is independent, with or without adaptive aids. 1 Indirect supervision is required. Indirect supervision includes reminders or instructions from someone, but that other person does not have to be physically present throughout the task 2 Limited assistance is required by the person to complete the tasks. Limited assistance is defined as cueing (direct supervision) and/or hands-on assistance. Another person must be present throughout the task. 3 Extensive or complete hands-on assistance is required.
Toileting: The ability to use the bathroom, commode, bedpan, or urinal. This includes transferring on/off the toilet, cleansing of self, changing of pads, managing an ostomy or catheter, and adjusting clothes. 0 Person independent,with or without adaptive aids. 1 Indirect supervision is required. Indirect supervision includes reminders or instructions from someone, but that other person does not have to be physically present throughout the task. 2 Limited assistance is required by the person to complete the tasks. Limited assistance is defined as cueing (direct supervision) and/or hands-on assistance. Another person must be present throughout the task. 3 Extensive or complete hands-on assistance needed.	**Eating**: The ability to eat and drink using routine or adaptive utensils. This also includes the ability to chew, swallow and cut food, and includes tube feedings. 0 Person independent,with or without adaptive aids. 1 Indirect supervision is required. Indirect supervision includes reminders or instructions from someone, but that other person does not have to be physically present throughout the task 2 Limited assistance is required by the person to complete the tasks. Limited assistance is defined as cueing (direct supervision) and/or hands-on assistance. Another person must be present throughout the task. 3 Extensive or complete hands-on assistance is required.
	Total ADL Score

Instrumental Activities of Daily Living (IADLs) and Employment

Check box which indicates persons needs and abilities at home and/or at work.

MEAL PREPARATION/NUTRITION: The ability to obtain, plan, or prepare routine hot and/or cold, nutritionally balanced meals. This includes the ability to independently open containers and use kitchen appliances., with or without assistive devices.

0 Independent
1 Can prepare light meals or reheat prepared meals.
2 Cannot prepare light meals or reheat prepared meals, but can use meal delivery service.
3 Extensive assistance required with each meal.
Note: If person is fed via tube feedings or intravenous, check box 0 if they can do themselves, or box 3 if they require another person to assist.

USE OF TELEPHONE: The ability to use a telephone to communicate essential needs. This includes the ability to answer, dial, articulate, and comprehend.

0 Independent. Can make calls and answer calls, with or without adaptive equipment.
1 Limited assistance required (e.g., programming numbers), but person can dial phone.
2 Can answer phone, but cannot dial out
3 Unable to use phone at all.
4 Has no telephone and no access to one.

MANAGEMENT OF MEDICATIONS AND/OR TREATMENTS: The ability to self-administer medications and perform treatments as ordered by physician.

0 Independent (with or without assistive devices).
1 Limited assistance required. Includes med set-up (e.g., blister packs or med box) or pre-filling syringes. Person is able to take meds once they've been set-up or otherwise infrequently assisted.
2 Frequent physical assistance needed, but person can direct the task, and can make decisions regarding each med or treatment.
3 Person is cognitively unable to follow through without another person to administer each med or treatment. Has no understanding of risks and benefits of med or treatment.

MONEY MANAGEMENT: The ability to handle money, pay bills, plan, budget, write checks or money orders, exchange currency, handle coins and paper work. This includes cognitive ability to read, write, and count sufficiently. (Inabilities here are due to cognitive impairment, not due to illiteracy or lack of English fluency in cognitively intact persons.)

0 Independent
1 Is cognitively able, but needs physical assistance with tasks, including shopping.
2 Is cognitively able to handle small amounts of money with guidance in monthly budgeting.
3 Is cognitively unable to perform some of the tasks, and required minimal assistance, e.e., help on a weekly or less frequent basis.
4 Is cognitively unable to perform tasks, and requires extensive assistance (more then weekly).

EMPLOYMENT: The ability to function at a community- integrated job site. This does not include sheltered workshops. Also note that ADL and IADL needs are assessed in other modules

0	Independent (with or without assistive devices).
1	Needs resource person available if problems arise (e.g., emotional difficulties), but does not need someone most of the time.
2	Needs intermittent reminders or physical assistance more than twice weekly, but does not need continuous presence of another
3	Needs the continuous presence of another person
	TOTAL IADL SCORE:

WI LONG TERM CARE FUNCTIONAL SCREEN -- Module III Diagnoses and Nursing Needs

Check only those diagnoses that have an impact on current ADL/IADL function, cognitive status, mood and behavior, treatments, need for nursing care, or risk of death. Do not check inactive diagnoses.

ENDOCRINE/METABOLIC
- Diabetic--Adult Onset--Currently on Insulin
- Diabetic--Adult Onset--Currently not on Insulin
- Diabetic--Juvenile Onset

HEART/CIRCULATION
- Arteriosclerotic heart disease (ASHD)/Coronary Artery Disease (CAD)/Angina
- Cardiac Dysrhythmia/"Arrhythmia"
- Congestive Heart Failure (CHF)
- Deep Vein Thrombosis
- Hypertension (high blood pressure)
- Hypotension (low blood pressure)
- Peripheral Vascular Disease (PVD)
- Other

MUSCULOSKELETAL
- Amputation
- Arthritis
- Hip Fracture
- Osteoporosis
- Pathological Fractures

NEUROLOGICAL
- Alzheimer's Disease
- Dementia other than Alzheimer's
- Aphasia
- Cerebral Palsy
- Cerebral Vascular Accident (CVA, "stroke")
- Hemiplegia/Hemiparesis
- Multiple Sclerosis
- Muscular Dystrophy, ALS, other Demyelinating Diseases
- Paraplegia
- Parkinson's Disease
- Spinal Cord Injury--Cervical (C5-6 or higher)
- Spinal Cord Injury--Lower
- Seizure Disorder
- Traumatic Brain Injury
- Transient Ischemic Attacks (TIA's)

PSYCHIATRIC/MENTAL ILLNESS
- Anxiety Disorder (e.g., panic disorder, phobias, obsessive-compulsive disorder, post-traumatic stress disorder)
- Bipolar (Manic Depression)
- Schizophrenia
- Depression
- Other (e.g., personality disorder, eating disorder, somatoform disorder)

PULMONARY
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)/Emphysema
- Tracheostomy
- Ventilator--Assisted

OTHER
- Autism
- Cancer
- HIV / AIDS
- Mental Retardation/Developmental Disability
- Renal Failure
- Substance Abuse (Alcohol or Drug)
- Terminal Illness (prognosis $\leq$ 6 months)
- Tuberculosis--TB

MEDICALLY ORIENTED TASKS

		Can Do Tasks Without Assistance From Another	Needs hands-on assistance to perform tasks in the person's home (place of residence)				
			Once a week or less often	2 to 5 days a week	Daily or almost daily	2 to 5 times a day	More than 5 times/day, or continuously
1.	Mechanical volume ventilator (continuous or intermittent)						
2.	Tracheostomy						
3.	Deep Tracheal/Nasopharyngeal Suctioning (NOT oral suctioning)						
4.	Oxygen "emergently," e.g., PRN per oximetry for respiratory distress (Does not include routine in-home oxygen usage)						
5.	IV Therapy (TPN, transfusions, fluids, antibiotics, chemotherapy, or other meds)						
6.	Wound Care (Includes packing, irrigation, dressing, etc., of pressure ulcers, ulcers, incisions, burns, etc. Does not include tube site care or ostomy care)						
7.	Terminally Ill (Life expectancy < six months)						
8.	In-home dialysis						
9.	Pain management requiring narcotics						
10.	IPPB Treatments, aerosolized meds						
11.	Chest PT/ "chest clapping" (to clear lungs)						
12.	NG (nasogastric) tube feedings						
13.	Intermittent straight urinary catheterizations						
14.	Indwelling urinary catheterization (with or without catheter irrigations). Includes suprapubic tubes.						
15.	Routine ostomy cares						
16.	Therapy and/or follow-through (PT, OT, ST)						
17.	Oxygen (other than as in #4 above)						
18.	Requires skilled nursing process (assessment, plan, intervention, evaluation), and/or teaching, training, supervision of person and/or caregivers						

WISCONSIN LONG TERM CARE FUNCTIONAL SCREEN
Module IV Cognition & Communication

	1.	**COMMUNICATION:** Includes the ability to express oneself in one's own language, including non-English languages and ASL. 0 No impairment: Can communicate completely without delay in all circumstances (e.g., during a bath). 1 Can communicate completely, but with adaptive equipment not usable in, e.g., bathtub. 2 Minor difficulty with speech or word-finding difficulties, and/or slow communication. 3 Can communicate only a few very basic things to people unfamiliar with her/him. 4 Can communicate only a few very basic things , but only to people familiar with her/him. 5 No effective communication.
	2.	**UNDERSTANDING:** 0 Can retain and use information. Does not require directions or reminders from others. 1 Minimal difficulty retaining and using information. Requires direction and reminding from others on a weekly or less frequent basis. 2 Moderate difficulty retaining and using information. Requires direction and reminding from others on a daily or almost daily basis. 3 Cannot retain and use information. Requires help from others more than daily.
	3.	**ORIENTATION/ CONFUSION:** 0 Oriented to person, place, and time 1 Mild confusion/ disorientation, but can meet basic needs with only some oversight or monitoring on a weekly or less frequent basis. 2 Moderate confusion/ disorientation, requiring monitoring on a daily (or almost daily) basis. 3 Nearly always confused/ disoriented. Not safe alone; requires another person most or all hours of the day and night.
	3.	**DECISION-MAKING** 0 Is capable of making decisions. 1 Independent decision making, has some difficulty with new or complex decisions 2 Moderately impaired decision making needs assistance cues or supervision 3 Unable to make decisions has substitute decision maker. 4 Unable to make decisions does not have substitute decision maker.

WISCONSIN LONG TERM CARE FUNCTIONAL SCREEN-- Module V -- Behavior

	1.	**SLEEP PATTERNS** 0 Unchanged from "normal" for the consumer 1 Sleeps noticeably more or less than "normal" 3 Restless, nightmares, disturbed sleep, increased awakenings. 4 Awake for all or most of the night, inability to sleep.
	2.	**WANDERING:** Individual is confused and/or cognitively impaired and leaves residence/immediate area without informing appropriate persons. 0 Does not wander 1 Daytime wandering but sleeps nights 2 Night time wandering 3 Wanders constantly day and night
	3.	**SELF- INJURIOUS BEHAVIORS:** Behaviors which cause or could cause injury to his/her own body. Examples include physical self-abuse (hitting, biting, head banging etc.), pica (eating inedible objects), and water intoxication. 0 No injurious behaviors demonstrated 1 Some self-injurious behaviors which require occasional monitoring and reminders on a weekly or less basis. 2 Self-injurious behaviors which require oversight every day, but not always one-on-one. 3. Self-injurious behaviors which require intensive one-on-one attention every waking hour.
	4.	**OFFENSIVE OR VIOLENT BEHAVIOR TO OTHERS:** Behavior that causes pain to others, or interferes with activities of others. 0 No offensive behaviours demonstrated 1 Demonstrates verbally aggressive behaviour e.g., harrassment, blatant sexual talk, screaming, excessive swearing 2 Socially offensive behaviour, e.g., urination or defecation in inappropriate places, masturbating in public places, disrobing publicly, entering others rooms or beds uninvited. 3 Physically aggressive behaviour, e.g., hitting, biting, kicking, punching, pushing, sexual aggression, but with minimal risk of actual physical harm to others. (Example: a 97 year old who weakly slaps at caregivers.) 4 Physical aggression with high risk of harm to others.
	5.	**SUBSTANCE DEPENDENCE/ABUSE** 0 No current abuse of alcohol or drugs - no impact on LTC needs 1 Factors evident to interviewer suggest a possible overuse problem which could be affecting frailty/ disability. 2 Obvious AODA problem - needs aggressive treatment
	6.	**MENTAL HEALTH PROBLEMS** 0 No current mental health problems evident - no impact on LTC needs 1 Factors evident to interviewer suggest a possible mental health problem which could be affecting frailty/ disability. 2 Obvious mental health problem - needs aggressive treatment

	7.	**CULTURAL FACTORS AFFECTING LTC:** 0 No cultural factors which impact LTC. 1 Additional community care services are needed because the person, for cultural and/or religious reasons, does not follow prescribed treatments. (E.g., daily insulin injections and blood sugar checks for a Hmong person who refuses to self-inject.)
		TOTAL BEHAVIORAL SCORE:

WISCONSIN'S LONG TERM CARE FUNCTIONAL SCREEN
Module VI Risk

RISK MODULE
This module can be used to qualify individuals for level B services if assessment through modules 2 through 6 fail to qualify them for the long term care benefit either by identifying functional deficits or high complex medical needs. To qualify for LTC services under level B, because of assessed risk factors, the individual must still meet the LTC definition of " potential long term care condition with the potential to last more than one year from the date of LTC service eligibility".
To qualify for level B services:

Category 1 Risk: Check boxes as appropriate:

☐ The individual has serious impairment because of mental, cognitive or physical dysfunction and is unable, **at this point in time** to manage his/her resources, carry out activities of daily living, or protect self from neglect or hazardous situations without the assistance of another,

or,

☐ The individual is cognitively intact and **at this point in time** is failing to obtain goods and services necessary to insure reasonable care, nutrition and safety to avoid physical or mental harm or disease,

or,

☐ The individual or others state, that, **at this point in time**, the caregiver(s) or other persons are failing to: provide reasonable care to the person, or physically and/or verbally abusing the person, and/or mismanaging the person's funds or possessions,

or

☐ The individual has an informal support network which appears to be fragile, (e.g. elderly spouse as primary caretaker, one primary care taker doing day & night cares, primary caretaker has no respite, primary caretaker also works outside the home.

Category 2 Risk

☐ The individual **has a history of, or is at future risk of**, failing to obtain goods and services necessary to insure reasonable care, nutrition and safety to avoid physical or mental harm or disease,

or,

☐ The individual **has a history of, or is at future risk of**, abuse or neglect because the caregiver(s) or other persons have failed or may fail to: provide reasonable care to the person, there is a history or risk of physical and/or verbal abuse of the person, and/or history or risk of future mismanagement of the person's funds or possessions .

Case management would be a mandatory service element in both cases, plus any routine services such as nutrition counseling, transportation for medical care, medication monitoring etc. Which would enable the individual to function as independently and safely as possible. Case management for Category 1 would have a higher intensity than the monitoring in Category 2, which would be routine checks for prevention.

Newly discovered cases of abuse and/or neglect would result in a referral to the APS unit of the SEP, for investigation, case planning and any necessary court related services. This module is not meant to replace the function and process of the APS unit, it merely establishes eligibility for level B services in the event that a) the individual fails to qualify for services in the remaining modules of the screen, b) indicates a higher level of case management monitoring is needed even when the individual qualifies for a higher level of services in the remaining modules of the screen.

WISCONSIN'S LONG TERM CARE FUNCTIONAL SCREEN
Module VIII - Financial Information Worksheet For LTC/Health Benefit -- Client Cost Share

	Participant's Name:

PART 1. SSI STATUS

1.	Check if person is receiving SSI cash benefit. If so, enter zero on line 29 (client's cost sharing)	
	INSTRUCTION: If SSI eligibility is not checked, continue with next section to determine eligibility.	

B. Eligibility Based on Twelve-month Resource Estimate

Assets of Participant without Spouse

2.	ENTER the estimated total of cash on hand plus amounts in checking and savings accounts plus value of stocks and securities plus the estimated cash value of life insurance.
3.	ENTER estimated value of countable property. (See Instructions)
4.	ADD the amounts in 2-3.
5.	SPOUSAL ALLOWANCE: If applicant has spouse living in own residence, enter allowance according to the following schedule.

If couple's total countable assets are:	THEN allowance is:
$153,480 or more	$79,020
Less than $158,040, but greater than $100,000	One-half of couple's total countable assets
$100,000 or less	$50,000

6.	Subtract line 5 from line 4.
7.	SUBTRACT a $9,000 allowance from line 6 if participant will be living in an out-of-home placement
8.	SUBTRACT a $12,000 allowance from line 6 if participant will be living in his or her own residence. If the result is zero, enter zero.
9.	MULTIPLY line 7 or 8 by 0.08333 to determine portion of assets to be added to income each month for 12 months.

C. Income of Person(s) Applying for LTC Service Funding

10.	ENTER participant's after-tax monthly income from current employment.
11.	ENTER work-related deductions.
12.	ENTER $200 of earnings plus 2/3 of remaining after tax earnings, or $1250, whichever is less.
13.	SUBTRACT lines 11 and 12 from line 10 to find countable income from current employment.
14.	ENTER all other monthly income (Soc. sec., net rent, pensions, interest, etc.)
15.	ADD lines 13 and 14 to find total countable monthly income.

PARTICIPANT SHARE

16.	COPY the asset amount from line 9 in PART 1.	
17.	COPY income from line 15.	
18.	Enter all UNEARNED monthly income of dependent children (dependent as defined in tax code) except means-tested or social security payments. Leave out EARNED income of these children.	
19.	Enter all income of all other dependents. For these, include gross EARNED AND UNEARNED INCOME.	
20.	ADD lines 17 through 20 to determine monthly resources.	
21.	Allowance for children & other dependents living in the home. The number of dependents is _____ times $432 = For each child who lives outside participant's home, multiply $432 by the proportion of time child is in participant's home.	21
22.	Enter average out-of-pocket medically and remedial related expenses anticipated when LTC case plan is in effect. (See instructions for definition of medically and remedial related)	
23.	Enter court-ordered payments paid by participant.	
24.	Enter other Cost share amount(s) to public or private programs paid by participant (See instructions).	
25.	A. If living in own residence, ENTER $664 as housing allowance OR enter actual monthly housing costs, if between $664 and $1000. Do not enter more than $1000 B. If living in an out-of-home placement, enter $65	25
26	Total of lines 21 through 25.	
27	SUBTRACT line 26 from line 20 to find monthly resources available for cost sharing allowed by the State.	
28	Enter any special allowance(s) authorized by DHFS for the individual.	
29	SUBTRACT line 28 from line 27. Use this amount as the Maximum Monthly Participant Contribution.	

WISCONSIN LONG TERM CARE FUNCTIONAL SCREEN
SCORING WORKSHEET

Name _____ Date of Birth _____

Social Security # _____ Case # _____

Module #	Module Title	Scoring
I	Demographics	0
II	ADLs & IADLs	_____
III	Diagnoses & Medical/Nursing Needs	_____
IV	Cognition & Communication	_____
V	Behavior	_____
VI	Risk	_____
VII	Client Cost Share	0

Total Client Score _____

INFORMATION AND ASSISTANCE
DATA REPORTING

11-19-97 DRAFT (Some fine tuning yet required from 11-7-97 meeting feedback)

I&A/dataneed.doc

This report presumes monthly reporting that would provide totals of each element in the month. Not all data elements are reported for each contact and that majority of contacts will only require several data elements.

This document is intended to serve only as a listing and data elements and purpose.

Type of data	Elements	Reason
Global data	**Total Contacts in Month**	Volume and growth of volume
	Hours in month in various I&A activities: Incoming contacts: Follow-up research and activity: Outreach Advocacy Resource Development Other	It is crucial to learn how many hours various I&A activities require. This data can be collected by a simple daily log to be used by all persons for the time spent on pilot I&A activities.
Inquirer Data	Unknown Self Relative Friend/ neighbor Community member/volunteer group (bus driver, mail carrier, church, landlord, etc.) Physician Hospital discharge planner Nursing home social worker Public health nurse, home health care Other medical provider: OT, PT, chiropractor, etc. HSD/DSS/51.42/.437 Bd. Other community provider (nutrition site, ILC, social security office, etc.) Police Internal from agency (same as I&A) Politician Anonymous Other	These data are needed to track the proportion of these groups contacting the I&A in order to learn a) what broad groups should be targeted regarding I&A marketing and b) by conducting ongoing evaluation of the pilots, discern whether their outreach efforts are reflected in the data reported to us.

	How learned about the pilot I&A program: brochure newspaper radio television friend/relative/neighbor poster/kiosk community agency medical provider: hospital, clinic, nurse, etc. speaker/workshop other	This will help us learn what marketing techniques were proving effective at reaching the community.
Call Data:	**Purpose of call:** General information: not person specific Person specific: (also report on age and target group) Other	This data will tell us how many calls are specific to individual inquiries to see how the system is being used by the community.
Subject of Call Data (If applicable to a specific individual)	Age range: Unknown 85+ 60-85 40-60 18-40 <18	This data could indicate to us who was in need of information and assistance or, if disparities exist between pilots, may point to differences in marketing effectiveness for various groups.
	Primary Target Group: (ID primary reason for needing assistance regardless of age) Elderly, Physically Disabled Developmentally Disabled Unknown Mental Health	This data would indicate to us who was in need of information and assistance.
Call/contact data	**How contact received:** Regular phone call TDD Foreign language: Spanish Hmong Other? Face to face contact Written/ letter	This data would indicate how may "special needs" phone calls were received to assist in future planning.

	When contact occurred: (number) M-F day: 8 AM - 5 PM Sat - Sun day: 8 AM - 5 PM Weekday evening: 5 PM - 9 PM Weekday night: 9 PM - 8 AM Weekend evening/night: 5 PM - 8 AM	Data to track volume: when do people call most frequently? Are there peak days of the week? Does activity increase as marketing efforts increase or as pilots become known in the community? Number of calls "after hours".
	Urgency of Call: (number) Emergency - imminent danger to self or others Urgent - need for assistance / service within approximately 48 hours Neither emergency or urgent as defined above	This data will provide an indication of the volume of emergency and urgent calls.
	What the global Topic/Issues or Needs proved to include: (Identify both: a) all that apply and b) if local gaps exist in providing referral or assistance for that topic) Abuse / Neglect /Domestic Violence Adult Day care Accessibility issues (hearing/vision/physical/ communication service, interpreter, etc.) Behavioral concerns Care management Chemical dependency or abuse Consumer information and protection Death and Dying Special Disability/ Health related (AIDS, MS, diabetes, cancer, heart, support groups and specialty organizations) Discrimination (affirmative action/ civil rights) Education Fiscal (Social Security, SSI, veterans benefits, etc.)	This data will indicate the areas of need that are being identified by callers to the pilots.

	Food: (meals on wheels, congregate meals, groceries that deliver, etc.) Guardianship/Protective services/ WATTS Housing: own home or apartment (lack of, income taxes, maintenance, landlord dispute, etc.) Housing: Energy Assistance Housing: Utilities Alternate Housing: CBRF, AFH, supported living, etc.? Independent Living skills training / parenting education Legal/benefit issue/ insurance, Medicare/Medicaid LONG TERM CARE: request for screen or assessment, at risk of institutionalization, wanting to leave an institution, or in need of long term care assistance and needing screening and assistance - likely multiple service concerns and needs. Medical: Hospital Medical: Nursing Home Medical: Hospice Medical: Dental Medical: Home health care Medical: Other (inc. ambulance, vision, therapies, rehab. technology, etc.) Medical Equipment/supplies/prosthesis, equipment repair, etc. Mental Health (depression etc.)	
	Pharmaceutical (pharmacies that deliver, other concerns about medications or prescriptions) Recreation Respite Safety concerns (other than abuse/neglect) Service system complaint or grievance Social call or loneliness Suicide (self threat, concern for other) Supportive home care/personal assistant, etc. Transportation Volunteer opportunities Work/ Jobs/employment General venting (non-specific issue) Other?	

Outcome of call	**EITHER** Information only -simple (no anticipated follow up, caller clearly on target regarding wants and needs) **OR** Information only - complex (no anticipated follow up, call required communication/evaluation skills to discern and evaluate needs of caller) **OR** Information and Assistance with linkage to services or resources (will likely involve some degree of follow-up or collateral calls) **OR** Long Term Care related: screening and/or assessment for COP, waivers, nursing home, PASAAR, etc. (advice, assistance, referral, likely follow-up or collateral calls or short-term intervention) **And, if also provided, check:** Advocacy (I&A provider will advocate for an individual either when services not being adequately provided or to advocate for development when needed services do not exist)	This data will distinguish the types and complexity of calls received by the pilots.

Narrative Question to include:

Description of identified service gaps, issues related to service provision (position and negative)

D R A F T
Revised Timeline
Aging and Disability Resource Center Pilots
11-17-97

June 97 — Select and appoint project leadership committee

July 97 — Brief Executive Team and get direction
- Define purpose of pilots and functions and products to be tested
- Identify and appoint project work teams
- Establish project timelines
- Develop site selection process

Develop Disabilities Resource Center concept paper

Aug. 97 — Work teams develop conceptual framework for their topics
Combine work team efforts in draft description of the pilot concept
Initiate personnel process for project position
Develop work plan with BIS
Announce and invite counties to participate in site selection process

Sept. 97 — Continue work team efforts
Select pilot counties
Proforma workshops

Oct. 97 — Orientation meeting for pilot counties and tribe
Draft proposed functional screen and I&A process
Involve pilot counties in refining functional screen and intake, I&A models
Develop evaluation plan
Begin design of IT component

Nov. 97 — Workgroups refine pilot components, with pilot participation
Question and answer meeting for pilots

Dec. 97 — Complete assessment tool
Finalize pilot design - outcomes, products, procedures & timelines
Pilots submit budget request (by Dec. 1)
Allocate pilot funding

Jan. 98 — Sign contracts with pilot counties
Pilots submit implementation plans
Implement pilots, beginning with training for county staff and set up of systems

for data reporting and I&A
Hire project staff

March 98 — Implement screen for admissions to CBRFs and other community-based LTC programs (by April 1)

June 98 — Implement screen for admissions to nursing homes (by July 1)

Sept. 98 — Collect data for and complete interim evaluation
Recommend course correction, if needed

Nov. 98 — Develop year 2 contracts

Jan. 99 — Sign year 2 contracts
Begin year 2 implementation